

<p style="text-align: center;"><b>INSTRUCTIONS</b> <i>for</i> <b>Public Services</b></p>
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**A. NEED FOR THE ACTIVITY.**

1. Use of CDBG funds. Indicate the proposed uses of the requested funds for this activity. If you are applying for **more than one** Public Services activity, you must complete one set of Public Services activity forms for **each** activity. *(Please see Appendix J of the NOFA for detailed description and limitations of these eligible uses.)*

- a. Enter the dollar amount for this specific Public Services activity.

2. Project description and environmental clearance information.

- a. Provide a brief description about the project and the services provided. Give information about the use of CDBG funds, what the total project will cost, the total number of beneficiaries, and a breakdown of TIG and LTIG beneficiaries. As relevant, provide information on the number of staff, what service they will be providing, their time base (full/part-time) and pay rate, including benefits, and the duration of time involved for the entire activity.

If you are proposing a combination activity, explain all aspects of these activities. If the project involves activities that will involve various user groups, describe the uses of the building/facility and include estimates for percentages of time projected for use by each user group.

**Example 1**--County of ABC will use \$45,000 in CDBG funds to purchase a van and pay fuel costs and the salary of a driver who will transport children of the Jonesville Migrant Housing Center to free health, vision, and hearing screening at the clinic in Smithville. A clinic nurse, who will visit the center twice a week, will schedule appointments. The approximate cost of the van is \$30,000 and the salary of the driver is \$8 per hour. (10 hours per week, 24 weeks in a season, multiplied by two seasons). Fuel is expected to cost approximately \$1,000 for the two growing seasons.

**Example 2**--The City of XYZ will use \$175,000 of the grant request to provide the salary and benefits to one full-time caseworker (40 hours per week) and one part-time caseworker (20 hours per week). These staff will provide counseling and outreach to battered spouses for the 30 months of the standard agreement. Full time caseworker salary is \$45,000 per year plus benefits.

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b. Environmental Clearance.

Describe the actual (if known) or estimated level of National Environmental Policy Act (NEPA) environmental clearance. Scheduling and budgeting should allow for sufficient time and funds to complete environmental clearances prior to commencement of activities. Community Facilities activities may require a more elaborate level of NEPA environmental clearance than other types of community development.

If you already have a NEPA environmental review record (ERR) for your proposed project that were prepared by another agency, these documents may or may not satisfy NEPA requirements for HUD purposes. Please contact your CDBG representative for further guidance on avoiding ERR duplication.

3. Serious Problem Description. Be as specific as possible; quantify wherever possible to document the scope, magnitude, duration, and impacts of the problem.
4. Solving the Problem. Describe how and to what extent the proposed activity will solve the problem. **Attach copies** of relevant documentation. **Highlight** relevant passages. The most effective methods of documentation include:
- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
  - b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
  - c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.

## INSTRUCTIONS

### *for* Public Services

5. Documentation. Enter the type of documentation that is being provided to demonstrate the severity of the problem on the ***Problem & Service Provider Documentation Chart (See #8)***. Applications submitted for Public Services addressing serious problems should include strong documentation in the form of a needs analysis, user/beneficiary survey, and letters from local agencies. The most competitive applications will address and document **a serious threat to the health, safety or well-being of the proposed beneficiaries.**

Commitment to Provide Services. Indicate the service(s) committed to by funding or provider source, and attach documentation.

6. Documentation of NEED for **NEW** Services.

- a. Check how the NEED is documented.
- b. Check appropriate box and provide information, if applicable.
- c. Check appropriate box, and if yes, provide explanation.

7. Documentation of NEED for **EXISTING** Services.

- a. Check the appropriate box.
- b. Identify date funds will end.
- c. Provide a brief explanation and attach any current financial statements.
- d. Indicate how the NEED was determined.
- e. Check the appropriate box.
- f. Check the appropriate box, and if yes, provide explanation.

8. Complete *Problem and Service Provider Documentation Chart*

## B. TARGETED INCOME GROUP BENEFIT

If the applicant does not provide information, the Department will assign points based on the percentage of families in the jurisdiction that are TIG. **Activities with 90% TIG benefit will result in full points in the Benefit category.**

Income restriction: applicants should demonstrate there is an explicit limitation, based on income, for who is eligible to benefit from the project. (Note: Charging a fee to non-TIG project beneficiaries does not exclude them from being considered CDBG beneficiaries.)

Limited Clientele: for the purposes of assigning a benefit score, absent evidence to the contrary, 100% TIG benefit will be presumed for activities that exclusively serve a group of persons in any one or a combination of the following categories: abused children, battered spouses, adults meeting the Bureau of the Census' Current Population Report's definition of "severely disabled," homeless persons, illiterate adults, persons living with AIDs, and migrant farmworkers.

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Income survey: for Public Services activities in which services will be provided to specific client groups not listed in the limited clientele paragraph above (for example, senior citizens, farmworkers, single mothers) applicants should conduct a survey of existing and/or potential beneficiaries. Please refer to Appendix B for guidance on survey methodology.

NOTE: For Public Services, activities in which services or activities are open to all residents of the area, an income survey of the actual users of the facility may only be done if at least 51% of the residents of the area are TIG.

Other: Explain any other source that was used, e.g., waiting lists.

**C. PROGRAM READINESS**

Of the 150 points available for capacity, your application may be awarded up to 50 points if you complete and document actions that make the proposed project ready to proceed. These actions must be directly related to the activity. They may include the completion of the special condition and environmental review requirements, securing site control, securing financing for the entire project, or anything that would enable the applicant to be ready to proceed.

A list of acceptable Examples of such actions and the documentation to be submitted for each is in the Program Readiness Chart.

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**D. REQUIRED MAPS.**

Include all required maps at the end of each activity section for which you are applying.

Please provide the requested maps with your application. These maps can be generated using the census website, <http://factfinder.census.gov/servlet/DatasetMainPageServlet?>

**NOTE: If you are proposing multiple activities, please provide maps for each activity.**

➤ **Ethnic/TIG Concentration Map**

Based on the applicant's knowledge of the area and available data, provide a legible map of the jurisdiction that shows:

- ☐ The location of concentrations of non-white persons **and** Hispanic persons within the entire jurisdiction, and
- ☐ The location of concentrations of targeted income group families within the entire jurisdiction.

Note: Targeted income group data is **different** than poverty data. Most targeted income group data can be obtained by visiting the American Factfinder website at: [www.factfinder.census.gov/](http://www.factfinder.census.gov/)

➤ **Location Map**

The location map must be legible and must include:

- ☐ The census tract number(s) and the boundaries within which CDBG funds will be spent for the proposed activity , and
- ☐ The census block group number(s) and the boundaries within which CDBG funds will be spent for the proposed activity , and
- ☐ The general location of the proposed activities, including geographic boundaries of the targeted or service areas covered by the proposed activity.

Note: Most maps can be obtained by visiting the American Factfinder website at: [www.factfinder.census.gov/](http://www.factfinder.census.gov/)

➤ **Project Site Map**

For site-specific activities, include a project site map which shows:

- ☐ The location and size of existing and proposed infrastructure (road, water, sewer, etc.), if applicable or pertinent, and
- ☐ The location and size of the proposed improvements, if applicable.

**NEED for ACTIVITY**  
**Public Services**

**A. NEED FOR ACTIVITY**

**Note: If you are applying for more than one Public Services activity, you must complete one set of Public Services activity forms for each activity.**

1. Please indicate the proposed uses of the requested CDBG funds (for this activity).  
(Please see Appendix J of the NOFA for detailed description and limitations of these eligible uses.)

☐ Salary

☐ Other: (describe) \_\_\_\_\_

- a. What is the dollar amount of CDBG funds that are proposed for this specific Public Services activity?

\$ \_\_\_\_\_

2. Description.

- a. Please provide a brief description of the service(s) to be provided. *Check the appropriate box to indicate type of service.*

☐ NEW Service. (Complete Section #6 - Documentation of Need for New Services.)

☐ EXISTING Service. (Complete Section #7 - Documentation of Need for Existing Services.)

- b. Environmental Clearance. See Instructions.

3. Describe the serious problem that exists if this service is not available and/or increased.  
(Be sure to complete the ***Problem & Service Provider Documentation Chart*** and attach appropriate documentation.)

**NEED for ACTIVITY**  
**Public Services**

4. Explain how **and** to what extent the proposed activity will solve the problem.  
(Quantify current and proposed levels of service)

Include in your description:

- a. surveys of intended beneficiaries regarding their needs and the impacts of not having the facility or service.
- b. surveys or records of existing service levels and needs showing the number of people served and turned away (unmet demand) due to inadequate facilities or funds.
- c. letters from law enforcement, mental health, health and social services agencies describing the direct health and safety impact on primarily TIG people that results from the lack of services or facilities. Letters must be on Agency letterhead and not be older than six months.

5. Documentation. Complete the attached ***Problem & Service Provider Documentation Chart (See #8)***.

Do you have commitments from service providers? ☐ Yes ☐ No

- Be sure to attach all documentation that you identify.
- All documentation must be on service provider letterhead and must be specific as to what services are being committed.

**NEED for ACTIVITY**  
**Public Services**

6. **DOCUMENTATION OF NEED for NEW Services.** If multiple services are proposed, you must complete one set of Public Services Activity Forms for each service. *(See instructions for clarification.)*

**a. How was the need documented?**

- **Surveys of:**

☐ INTENDED Beneficiaries

\_\_\_\_\_ # of INTENDED Beneficiaries

☐ per Day   ☐ per Week   ☐ per Month

☐ # Turned Away - \_\_\_\_\_

☐ per Day   ☐ per Week   ☐ per Month

- **Other:**

☐ Letters from Non-Profit Organization(s)

☐ Newspaper Articles regarding the need for the service

☐ Third party letters describing the direct health and safety impact

**b. Is there a nearby facility providing the proposed service now?**

☐ No. (GO to c.)

☐ Yes. Continue with the following

- Where is the facility located?

- Are there any special impediments for TIG households to access the service where it is located now?

☐ No. (Go to c.)

☐ Yes. Continue with the following

- ❖ What are the impediments? *Check all that apply and describe each one.*

☐ Transportation

☐ ADA

☐ Other:



**NEED for ACTIVITY**  
**Public Services**

❖ Is there an unmet demand?

☐ No. (Go to c.)

☐ Yes. Describe the unmet demand.

Unmet Demand:

☐ # Currently Served - \_\_\_\_\_

☐ per Day ☐ per Week ☐ per Month

☐ # of persons on a Waiting List - \_\_\_\_\_

c. Is this an ADA accessibility issue?

☐ Yes

☐ No

If yes, what alternatives did you consider and why was this alternative the best solution?

**NEED for ACTIVITY**  
**Public Services**

7. **DOCUMENTATION OF NEED for EXISTING Services to be continued or increased.** If multiple services are proposed, you must complete one set of Public Services Activity Forms for each service. *(See instructions for clarification.)*

- a. The proposed service is:

☐ an Existing service to be CONTINUED.      ☐ An Existing service to be

- b. For existing services to be CONTINUED, what is the **date** that all existing funding will end:

Identify the date: \_\_\_\_\_

- c. For increased services, provide a brief explanation of the costs to provide the existing level of services and the costs for the increased level of services. Also, be sure to attach any current financial statements.

**NEED for ACTIVITY**  
**Public Services**

**d. How was the **NEED** determined?**

Survey of:

☐ INTENDED Beneficiaries

\_\_\_\_\_ # of EXISTING Beneficiaries

☐ per Day   ☐ per Week   ☐ per Month

Unmet Demand:

☐ INTENDED Beneficiaries

\_\_\_\_\_ # of INTENDED Beneficiaries

☐ per Day   ☐ per Week   ☐ per Month

☐ # Turned Away - \_\_\_\_\_

☐ per Day   ☐ per Week   ☐ per Month

☐ # of persons on a Waiting List - \_\_\_\_\_

• **Other:**

☐ Letters from Non-Profit Organization(s)

☐ Newspaper Articles regarding the need for the service

☐ Third party letters describing the direct health and safety impact

**NEED for ACTIVITY**  
**Public Services**

- e. Are there any special impediments for TIG households to access the service where it is located now?

☐ No. (Go to c.)

☐ Yes. Continue with the following

- ❖ What are the impediments? *Check all that apply and describe each one.*

☐ Transportation

☐ ADA

☐ Other:

- f. Is this an ADA accessibility issue?

☐ Yes

☐ No

If yes, what alternatives did you consider and why was this alternative the best solution?

**NEED for ACTIVITY**  
**Public Services**

<b>8. PROBLEM AND SERVICE PROVIDER DOCUMENTATION CHART</b>			
<b>SOURCE</b>	<b>TYPE OF DOCUMENTATION</b> (letter, reso., surveys, newspaper clipping, report, etc.)	Documentation to support <b>PROBLEM and/or COMMITMENT TO PROVIDE SERVICES</b>	<b>Page #</b> (in app.)
Dept. of Health Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
County Health Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Fire Department		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Law Enforcement Agency		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Dept. of Social Services		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Board of Supervisors		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Newspaper		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	
Other: _____ _____		<input type="checkbox"/> Problem <input type="checkbox"/> Service Provider Commitment	

**TIG BENEFIT  
Public Services**

**B. TARGETED INCOME GROUP (TIG) BENEFIT**

1. For this activity, how was the TIG percentage determined?

☐ Income Restriction

\_\_\_\_\_ % TIG

☐ Limited Clientele

☐ Other. Explain: \_\_\_\_\_

\_\_\_\_\_ % TIG

☐ Income survey of EXISTING beneficiaries. (attach survey & results)

\_\_\_\_\_ % TIG

Survey Date:	
Total # of <b>existing</b> beneficiaries:	
Households or persons?	
How many were surveyed?	
<b>Total number of responses:</b>	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

☐ Income survey of POTENTIAL beneficiaries. (attach survey & results)

\_\_\_\_\_ % TIG

Survey Date:	
Total # of <b>potential</b> beneficiaries:	
Households or persons?	
How many were surveyed?	
<b>Total number of responses:</b>	
<i>Number of TIG responses:</i>	
<i>Number of Non-TIG responses:</i>	

**PROGRAM READINESS**  
**Public Services**

**C. PROGRAM READINESS – Public Services**

*Please refer to instructions for guidance on completing this chart.*

<b>Program Operator/Administrator</b> <i>(Check all that apply)</i>	<b>Documentation Required (in order to receive any points)</b>	<b>Page #</b>
<input type="checkbox"/> In-house staff	Resumes and Duty Statements of key staff (which show that the staff are qualified to implement the project)	
<input type="checkbox"/> Program Consultant  (must be conditioned upon receipt of CDBG award)	Executed contract from prior year (still in force); or New executed contract; or Completed contract that is ready to sign upon award of CDBG funds.	
<input type="checkbox"/> Sub-recipient Agreement (must be conditioned upon receipt of CDBG award)	Existing Sub-recipient Agreement; or A completed sub recipient agreement that is ready to sign upon award of CDBG funds	

<b>Environmental Clearance</b>	<b>Documentation submitted</b>	<b>Page #</b>
<input type="checkbox"/> <b>Exempt</b>	A completed, signed, and dated <i><b>Finding of Exemption</b></i> form, or  A completed, signed, and dated <i><b>Environmental Finding</b></i> Form with “Exempt” box checked.	
	A completed, signed, and dated <i><b>Form 58.6</b></i>	

**PROGRAM READINESS**  
**Public Services**

<b>Special Conditions</b>	<b>Documentation Required <i>(in order to receive any points)</i></b>	<b>Page #</b>
Program Income Re-Use Plan	Program Income Re-Use Plan	
Anti-Displacement Plan	Anti-Displacement Plan	
Site Control (if applicable)	Rental or Lease Agreement	

<b>Program Readiness <i>(check all that apply)</i></b>	<b>List Documentation submitted to evidence compliance with checked items. <i>(In order to receive any points)</i></b>	<b>Page #</b>
<input type="checkbox"/> Waiting Lists		
<input type="checkbox"/> Planning Study		
<input type="checkbox"/> Management Plan		



**REQUIRED MAPS**  
**Public Services**

**D. REQUIRED MAPS**

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